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CORRESPONDENCE ADDRESS**
ApplicationAddress to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/443,250
Filing Date	11/12/99
First Named Inventor	EDEN
Art Unit	2663
Examiner Name	NGUYEN, P.
Attorney Docket Number	VNI-174RI

Please change the Correspondence Address for the above-identified application
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Customer Number

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Technology Center 2600

<input checked="" type="checkbox"/> Firm or Individual Name	Loudermilk & Associates				
Address	P. O. Box 3607				
Address					
City	Los Altos	State	CA	ZIP	94024-0607
Country	U.S.A.				
Telephone	408-868-1516	Fax	408-868-1517		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Alan R. Loudermilk, Reg. No. 32,788

Signature

Date

9/4/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.